

POLICY AND PROCEDURE

DEPARTMENT: <u>Population Health and Clinical Operations</u> Medical Management	DOCUMENT NAME: Perinatal Substance Use Disorder Care Management Program
PAGE: 1 of 7	REPLACES DOCUMENT:
APPROVED DATE: 2/2018	RETIRED:
EFFECTIVE DATE: 3/1/2018, <u>01/23</u>	REVIEWED/REVISED: 1/20, 5/21, 2/22, 6/22, <u>10/22</u>
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: LA.CM.31

SCOPE:

Louisiana Healthcare Connections (LHCC) Population Health and Clinical Operations (PHCO) Department

PURPOSE:

To establish the components of the perinatal substance abuse care management program.

POLICY:

The Perinatal Substance Use Disorder (SUD) Care Management Program is an Integrated Care Management program. ~~The program is in place to educate members in the perinatal period (prenatal and postpartum) about the risks of comorbid substance use, and to educate and assist the member in accessing services for treatment of substance use disorders.~~ The –Perinatal Substance Use Care Management Program educates and connects pregnant enrollees with substance use disorders without the fear of stigma to appropriate providers and community resources. The goal is to engage enrollees through tailored, personal support, resources, and education to increase positive outcomes for newborns and to help mothers achieve and maintain the best possible quality of life (RFP 2.6.6.3)

PROCEDURE:

- A. The perinatal substance use care management program is available to all pregnant ~~members~~enrollees with substance use disorders or co-occurring disorders including but not limited to pregnant women who are using alcohol, illicit or licit drugs such as opioid and benzodiazepines or at risk of delivering an infant affected by neonatal abstinence syndrome (NAS), fetal alcohol syndrome, or neonatal opioid withdrawal syndrome (NOWs) for babies born with opioids. ~~-(Emergency Contract 6.19.1.3)-~~
- B. LHCC will use a variety of methods to identify ~~members~~enrollees who may benefit from care management which include but are not limited to:
 - Appropriate health risk screening/assessment

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- Notice of Pregnancy (NOP) – the notices of pregnancy are reviewed to identify pregnant mothers with potential issues related to substance use disorders.
- Referrals – ~~Members~~Enrollees are also identified through referrals from families, caregivers, providers, community organizations and health plan.

C. Stratification

Once enrollees have been assessed with the completion of the SSFB OB Case Management Assessment, ~~a~~All enrollees identified for the ~~enrolled in the~~ perinatal SUD management program are stratified based on acuity to determine the appropriate level of intervention. Enrollees are stratified into three levels:

- Low Risk – condition is ~~present, but~~present but is well controlled; symptom remission; less need for education; and/or have low readiness to change coupled with a low reported risk of Neonatal Abstinence Syndrome (NAS). For example: ~~enrolleemember~~ may present with a history of SUD disorder (placing ~~enrolleemember~~ at risk for relapse) but denies current reported use; and/or ~~membersenrollees~~ Drug of Choice does not indicate high risk of NAS.
- Moderate Risk – uncontrolled disease, ~~enrolleemember~~ requires education and assistance related to their condition(s); and/or has moderate readiness to change evident by current engagement in treatment and/or low history of relapse
- High Risk – uncontrolled disease evident by ~~enrolleemember~~ history of frequent and recent relapses and history of resistance to treatment. ~~EnrolleeMember~~ requires education/resources related to the ~~enrollee'smember's~~ condition, has co-morbid conditions, and/or has high readiness to change.

D. Condition Specific Assessments

In addition to the general SSFB OB Care Management Assessment, the PN SUD program uses the following additional condition specific assessment:

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Pregnancy Substance Use Journal Louisiana – The PN SUD Journal tracks ~~enrolleemember~~ symptoms pre and post-delivery (including NAS or NOWs diagnosis and/or NICU admission or lack of), and ~~membersenrollees~~ self-reported drug of choice (DOC). The Pre delivery portion of the assessment is initiated within 30 days of identification. The Journal is then updated periodically thereafter in order to monitor and update information related to ~~membersenrollees~~ PN SUD signs/symptoms, and treatment response. Participants that screen positive for possible PN SUD are advised to discuss these responses with their doctor. Mental health education, provider contact information, and assistance with scheduling an appointment is also provided.

E. Outreach and Education

Outreach Frequency is based on acuity and follows the guidelines for Care Management outlined in LA.CM.01.02. Multiple communication strategies are used in care management programs to include written materials, telephonic outreach, ~~and~~ web-based information, in person and participation in community events.

Motivational interviewing techniques are incorporated into disease/age specific talking points designed to engage, destigmatize, educate and empower ~~membersenrollees~~ to improve overall health and manage symptoms.

Within seven to ten days of enrollment in the program, ~~membersenrollees~~ will receive a welcome letter including details about the program, information about how to contact care management staff, including LHCC's toll-free number, condition specific education materials and any other relevant health-related materials. Frequency of mailings will vary based on the level of acuity and member's individualized care plan.

In addition to the above, –Louisiana Health Connections will offer the following programs to eligible enrollees:

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1. Strongwell's Substance Exposed Pregnancy Program, a peer support care community that helps enrollees develop coping mechanisms, build resiliency, access appropriate medication from the right in-network providers, and address SDOH prior to birth and the critical postpartum stages, without fear of stigma. (RFP 2.6.6.3)
2. Eat, Sleep, Console (ESC) training, which is an evidence-based method of care that helps new parents care for their infants who may be suffering from neonatal abstinence syndrome (NAS). (RFP 2.6.6.3)

The following table provides information on the program interventions provided to the membersenrollees based on their acuity levels:

Acuity Level	Program Interventions
Low Risk	Participants are assigned to this group when they are determined to have entered into the maintenance phase of treatment or determined to be at a minimal or mild risk level based on current SUD use history (PN SUD Journal symptom screening). Individuals who are in this category are provided focused education material designed to educate them on their disease process, medications, and relapse prevention planning.
Medium Risk	Provided ongoing mail and telephonic outreach to provide education regarding available treatment options, collaborate with community providers, all in an effort to increase the member's ability to self-manage their condition. Additionally, participants are provided referrals to community resources where needed, such as

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	transportation and community support groups relevant to diagnosis.
High Risk	Provided ongoing mail and telephonic outreach to provide education regarding available treatment options, collaborate with community providers, all in an effort to increase the member's ability to self-manage their condition. Provided referrals to community resources where needed, such as transportation and community support groups relevant to diagnosis. Additionally, care management staff will participate in ICT Rounds to identify care gaps, review treatment response and offer feedback to providers as necessary.

Perinatal SUD symptoms will be reassessed at regular intervals to monitor changes to enrolleemember reported symptoms. Post-delivery updates regarding ongoing participating enrolleemember outcomes will be updated within 30 days of delivery. Diagnosis specific goals and action steps are established and serve as a focal point for future communication.

F. Discharge from Care Management

The following criteria will be used to determine when discharge from care management is appropriate:

- The enrolleemember reaches the highest possible levels of wellness, functioning and quality of life.
- The enrolleemember achieves established goals regarding improvement or health care stability and is referred to community resources. This may include preventing further decline in condition when health status improvement is not possible.
- EnrolleeMember/family is non-responsive to care management interventions despite reasonable outreach attempts and utilizing a variety of modalities including field visits, telephonic, or virtual outreaches.

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- ~~EnrolleeMember~~ refuses to participate in care management, following efforts to explain the benefits of the program to the member.
- The ~~enrolleemember~~ dis-enrolls from the health plan.
- The ~~enrolleemember~~ expires.

G. Measures of Efficacy and Reporting Mechanisms

LHCC will monitor engagements and enrollment numbers for the Perinatal SUD Case Management program in addition to the following:

- SUD symptom screening results to trend and support program development
- Successful completion of the program based on CM closure reason (i.e.; condition stable, no other needs)

H. Program Oversight

The Medical Director is responsible for the clinical oversight and evaluation of all potential quality of care concerns/issues related to the Perinatal SUD care management program

REFERENCES

LA.CM.01 – Care Management Program Description
LA.CM.01.01 – Care/Case Management Assessment Process
LA.CM.01.02 – Care Plan Development and Implementation
LA.SSFB.01- Smart Start for Your Baby: Perinatal/Neonatal Management Program Overview
Emergency Contract 6.19.1.3

ATTACHMENTS:

DEFINITIONS:

N/A

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REVISION LOG:	DATE
Revised verbiage to mirror NCQA wording and requirements related to assessments. Updated references to include updated Care management policies.	1-2020
Annual review – moved acuity level and program interventions bullet points to “Outreach and Education” and changed to format from bullet points to table Added contract reference 6.19.1.3	05/2021
Changed Medical Management to Population Health and Clinical Operations (PHCO) Grammatical changes	06/2022
<u>Changed “members” to “enrollees”</u> <u>Updated Department to PHCO</u> <u>Updated Policy Statement with RFP reference</u> <u>Addendum- New program added for 2023 from RFP 2.6.6.3</u> <u>Addendum- New program added for 2023 from RFP 2.6.6.3</u>	<u>10/22</u>

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Archer is considered equivalent to a signature.
